BEHAVIORAL AND PSYCHOLOGICAL Sx IN DEMENTIA IN LATINAMERICA CROSS CULTURALS ISSUES

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1-Argentina; 2-Brazil; 3-Uruguay ;4-Colombia

We are going to discuss the importance of culture in the development of some behavioral and psycological symptoms in dementia and the caregiving process focusing the latino culture.(slide 1)

LatinAmerica (LA) has a connotation of youth (Mangone CA & Arizaga RL,19 However it cannot be ignored the great increase in life expectancy in many areas of this region, because as the economy and education of these countries improve, so does their health status.. In consecuence dementia that is prevalent in the elderly is beginning to be perceived as a significant social medical problem. When fertilization rates and mortality rates get down the population starts to get older (see slide 2-3)

Table 1. Life expectancy at birth for both sexes in LA (Data of WHO, 1998)

Country	*1997*	*2025*
Argentina	*73*	*78*
Bolivia	*61*	*72*
Brazil	*67*	*74*
Chile	*75*	*79*
Colombia	*71*	*76*
Costa Rica	*77*	*80*
Cuba	*76*	*79*
Dominican Republic	*71*	*77*
Ecuador	*70*	*75*
El Salvador	*70*	*75*
Guatemala	*67*	*73*
Haití	*54*	*64*
Honduras	*70*	*75*
Mexico	*72*	*77*
Nicaragua	*68*	*75*
Panamá	*74*	*78*
Paraguay	*70*	*75*

Perú	*68*	*75*
Uruguay	*73*	*75*
Venezuela	*73*	*77*

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Regarding the demographic history and the socioeconomic status by the year 20(will be countries like Chile, Argentina, Uruguay, México (see slide 4) with an advanced process of getting old, while other like Haiti, Bolivia and Guatemala will still continue v high fecundity rates (see slide 5).Anyway, it is projected that by the year 2020 elderlies have the most rapid increase in all LA.

In 1824 started the european immigration to the Americas. Spain, France and Ital were the principal departing ports and Argentina, Brazil and USA were the most atractir countries for the immigrants. For example since 1857-1950,(National Direction of Immigration) 111.087 Turkish, 137.847 French, 167.694 Polish, 1.274.719 Spanish and 1.733.726 italians arrived to Argentina .

Like in Argentina, but in different proportions ,other LA countries are populated a mixture of different ethnic cultures: 1-central and west European descendents, 2- “mestizos” the fusion of Europeans immigrants with natives aborigines, 3-natives aborigines in special reserves. In this map (see slide 6) we have LA: Southamerica, CentralAmerica and the initial part of Mexico. In the west cost of LA is greater the proportion of natives and mestizos than in the east cost.

In every country of LA is greater the proportion of natives and mestizos in rural areas and in less developped poor cities (see slide 7) than in the big cosmopolitan cities Sao Paulo, Rio De Janeiro, Buenos Aires (slide 8), Caracas, Bogotá,Lima, Santiago

In many of these countries patients arrive to the consultation in rarely advanced stages o the disease because the onset of memory problems and behavioral disturbances are considered nomal features of aging.

Culture may affect both the individual and social attitude towards dementia. Languages social customs and traditions, the quality and quantity of education are relev cultural varialbles to scientific research on AD and mainly in the behavioral and psyquia symptoms of it. A high percentage of older persons in LA are functional illiterates that i to say less than 4 years of schooling..Care of the elderly still centers around joint familie and so public expectations about quality of life for the elderly differ in different cultural settings.(Nolan E Penn, 1995)

In Argentina, a research done in 100 patients with the spanish version of the NPI Buenos Aires city latinos (italians or spanish immigrants or their descendents) showed similar results that the paper of Binetti et al,(Binneti G et al 1998) agitation, apathy,disinhibition and aberrant motor behaviour NPI subscale scores were those who stressed more the caregiver and were the cause for institutionalization of the patient. The similarities observed between Italy, US and Argentina reinforced the concept that the behavioral symptoms in dementia are biologically determined. But the difference observ between the US patients and the italian and ours indicate that there are cultural influence that also must be taken into account. There were differences between the Italian and the patients in Binetti et al research. The mean NPI total scores and the NPI subscale scores were higher in the Italian sample regardless of the severity of the dementia. Interestingly enough that difference were not observed between the Italian cohort and ours (the latino cohort)! In a subset of research done in the northen part of Argentina, Salta, it was seen the most frequent behavioral symptoms that seek proffesional consultations were physic

aggresion, wandering, desinhibition and that the relative does not want to eat. Although those were very stressed symptomatology for the caregiver they never asked for institutionalization as the caregiver in Buenos Aires city did..

In Brazil the NPI and the Behave AD are the most used scales for BPSD. A resea done in Sao Paulo showed that irritability, anxiety, apathy and verbal agression were the most frequent BPSD that caregiver seek for institutionalization They also showed improvement in those symptoms with a non-pharmacologic approach, Education and orientatiion for caregivers in how to modify the environment making in it some modifications facilitating the patient´s activities of daily living.(see slide 9).

In Uruguay the Behave-AD is the most frequently used scale for behavioral and psychological symptoms.. The most distressing symptoms for the caregiver are pacing, verbal and physical agression,delusions of persecution and eating and sleeping disturbar and for many of these symptoms caregivers seek for institutionalization The Uruguayia society is very conservative.. The couples tolerate very badly the change of a rigid esquema where now the chief of the family becomes to be the protected family member the sons become to be the ones that suppport their mother/father with money. The institutionalization is increasing nowadys due to the increase and better diagnosis of BPSD. Nursing homes in Uruguay are in the order of U$500 to U$1500 monthly

Table 2:Behavioral Sx- Non Pharmacologic approach

Behavioral Sx	Improvement with non pharmacologic intervention
Agitation 47%	**72%**
Verbal Aggression 80%	**58%**
House is not my home... 34%	**60%**
Apathy 80%	**67%**
Depression 54%	**88%**
Allucinations 40%	**17%**
Anxiety 74%	**46%**
Desinhibition 34%	**80%**
Irritability 100%	**53%**

In Antioquia Colombia, a paper of (Levy et als 1996) found that in a populatio sporadic AD 50% have depression, 54% agitation and 36% other psychotic sympto Although the colombian society and mainly the family in Antioquía is very supportive their relatives with a mental illness. taking care of them till the problem "burned t hands", they reach late to a psychiatic hospital. And in the other hand is the econo problem that these families need to overcome moreover because the psychiatric hospit far from Antioquía.

What it is interesting to analize here the similar familial behavioral profile facin the relative´s mental disease in different countries of LA. In many countries of LA Dementia is a synonim of madness. They are so ashamed of the mental illness and are s protective that the patient arrives late to a specialized consultation**.**

Indoublity more public education for lay people is needed through all LA countries.

Like all cultures, the latino culture is charaterized by values that shape behav
and give substance to the development of individual identity. More specifically, tl
values also influence the care of elderly people. Values include a belief in spirituality
endows people with an acceptance of fate and strong emphasis on dignity, as demonstr
through the latino culture is based on “respect”, “dignity” and “love”(Ruiz P 1995)..
meeting appropriate respectable and honorable behaviors.(García-Prieto et als 1982)
core triangle of cultural expectations with regard to the care of the aged reflect negati
on the whole familial group. Although many countries in LA have their Alzhei
Association that provide support groups and other services for Alzheimer´s caregivers,
latino culture is reluctant to use them (Cox C & Monk A,1993).. The reluctance to
those support groups may be attributed to a cultural resistence to sharing familial probl
with outsiders or to admitting that caring for a parent or spouse is too demanding

As a final reflection, we have work to do, as I have already said we as speci
in gerontoneuropsychiatry we need to organize a strong educational campaing for
people as also for primary caring physicians in all countries of LA about these BP

Bibiography

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